

FILED APR 27 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 907

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jennings  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
5301 Hamilton Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

In this community.....  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Jennings  
(If outside city or town limits, write "RURAL")

(d) Street No. 5301 Hamilton Ave.  
(If rural, give location)

(e) Citizen of foreign country?.....  
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Lawrence G. Daly

3. (b) If veteran, name war.....

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Belle Daly

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Mar. 20 1879  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>1</u>	<u>2</u>	..... hr. .... min.

9. Birthplace Ind. /  
(City, town, or county) (State or foreign country)

10. Usual occupation R. R. Engineer

11. Industry or business Terminal (Retired)

MOTHER FATHER

12. Name Lawrence Daly

13. Birthplace N. Y. /  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Miller

15. Birthplace Ind. /  
(City, town, or county) (State or foreign country)

16. (a) Informant Belle Daly

(b) Address 5301 Hamilton Ave.

17. (a) Burial (b) Date thereof 4-24-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linn Mo.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd

19. (a) APR 23 1942 (b) E. Y. Mc  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 22  
year 1942 hour 8 minute 5 A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Accidentally fell down basement steps in own home.  
Duration

Due to Fracture of 12th thoracic vertebra; Advanced coronary arteriosclerosis.

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy Yes

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 896

(b) Date of occurrence April 22, 1942

(c) Where did injury occur? 5301 Hamilton Ave.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Own home  
(Specify type of place) (e) Means of injury

While at work.....

23. Signature Louis H. Bopp  
(M.D. or Other)

Address Kirkwood, Mo. Date signed 4/23/42

SEP 23 1942

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Albert R. Thompson Jr.*

Licensed Embalmer No.....

*4237*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

SEP 23 1942